

# ***Best Healthcare Institute, Inc.***

## **CERTIFICATE OF COMPLETION**

is hereby granted to

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to certify that he/she has completed to satisfaction the  
**CERTIFIED NURSING ASSISTANT TRAINING PROGRAM**

Granted: \_\_\_\_\_

Approved by the CA Bureau for Private Postsecondary Education School Code \_\_\_\_\_ and

The CA Department of Public Health School Code \_\_\_\_\_  
160-Hour Course

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**Leopoldo Reyes**  
Chief Executive Officer/Chief Operating Officer

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**Gloria Escano**  
Chief Academic Officer/Director of Nursing